

**PETITION FOR EXTENSION OF TIME  
UNDER 37 CFR 1.136(a)  
FY 2009**

*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Docket Number  
Q65721

Confirmation Number  
8084

Application Number	10/727,576	Filing Date	December 5, 2003
For	METHOD OF PREPARING A STANDARD DIAGNOSTIC GENE TRANSCRIPT PATTERN		
Art Unit	1634	Examiner Name	Juliet Caroline SWITZER

**This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.**

**The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):**

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	_____
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	_____
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	_____
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	_____
<input checked="" type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	\$1,175.00
<input type="checkbox"/> Previous Payment Amount			_____
	Date Submitted		_____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.			

I am the

- applicant/inventor
- assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- attorney or agent of record. Registration Number 59,392
- attorney or agent under 37 CFR 1.34.
- Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

WASHINGTON OFFICE  
**23373**  
CUSTOMER NUMBER

_____ /Tu A. Phan/ Signature	_____ March 1, 2011 Date
_____ Tu A. Phan, Ph.D. Typed or printed name	_____ (202) 293-7060 Telephone Number

**Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.**

Total of 1 form is submitted.